RI SOS Filing Number: 202330033770 Date: 3/6/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 **Limited Liability Company**

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|---|-----------------|----------|-----------|--|--|
| 1. Entity ID Number | 2. Exact name of the Limited Liability Company , | | | | | |
| 001733195 | LaPalmera Club Billar LCC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| X13010 | , | | | | | |
| 5. State of Formation | $\cap \cap L$ | | | | | |
| 5. State of Formation | |) | | | | |
| KJ | · | | | | | |
| 6. Principal Office Address | | City | State | Zip | | |
| 43 Buck | LINK St | providence | RI | 02907 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name Jalson Venture Contact Title | | | | | | |
| Street Address Wilso | N S1- | City Providence | State RI | Zip 02907 | | |
| 8. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642. | | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | | |
| Name of Authorized Person | | | Date 1 | | | |
| Mh VI | ul | | 3/6/ | Z3 | | |
| Signature of Authorized Person | | | | | | |
| 1922 Chat | | | | | | |

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov